

Attitudes, Awareness, and Usage of Medical Antiaging Treatments

Results of a Patient Survey

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ABSTRACT

Objective: To explore factors important to patients considering medical antiaging treatments.

Design: Ten-minute online survey using a global opinion panel. **Setting:** Survey of existing and prospective patients cosponsored by the American Society for Dermatologic Surgery and Dermik Laboratories, a business of Sanofi-Aventis U.S. LLC. **Participants:** 383 women aged 35 to 69 years (mean, 52 years; 91% Caucasian) with an annual household income of at least \$50,000, who were considering undergoing medical antiaging treatments within the next two years ("medical antiaging treatment considerers"). Of these, 100 had used an injectable product such as dermal fillers, collagen replacers, or muscle relaxants in the past two years ("injectable users"); a subset of 64 had specifically used an injectable dermal filler or collagen replacer in the past two years ("filler users"). **Measurements:** Maximum difference analysis of factors most important to respondents when considering medical antiaging treatments, safety, and potential for side effects. **Results:** Medical antiaging treatment considerers, injectable users, and filler users all identified physician training and expertise as the most important factor (93–95% of respondents); other key factors included duration of effect, cost, how the product works, and recommendation by the physician. In paired comparisons, women were more interested in results that last a long time versus immediate results (89–91% of respondents), and gradual results that last for two years versus immediate results that last for six months (85–89% of respondents). **Conclusion:** Physician experience and training is very important to patients who are considering medical antiaging treatments, and should therefore be addressed during the counseling of prospective patients. (*J Clin Aesthet Dermatol.* 2010;3(9):30–33.)

The skin, particularly on the face, shows very visible evidence of the aging process.¹ Aesthetic surgery has become increasingly popular as more people desire the appearance of being younger despite their progressing chronological age.^{2,3} However, it appears that only people from higher socioeconomic groups can afford aesthetic treatments.⁴ There is confusion about what antiaging actually means.⁴ For the purpose of this article, antiaging will be defined as a treatment that improves quality of life, rather than one that extends life.⁵ More medical antiaging treatments (MAT) have become available for improving the facial appearance of older patients in recent years.⁶ As a result, it is becoming increasingly important for physicians

to understand what factors are important to patients considering alternatives to surgical procedures. However, a review of the literature identified few prior publications directly assessing patient perceptions and attitudes toward potential use of MAT.⁴ Therefore, the American Society for Dermatologic Surgery (ASDS) and Dermik Laboratories (a business of Sanofi-Aventis U.S. LLC) cosponsored a survey of existing and prospective patients to explore the attitudes, awareness, and usage of MAT. The results were presented in part at the 2007 ASDS business meeting in Chicago, Illinois.

This study was a 10-minute online survey using a global opinion panel conducted by Synovate Healthcare. Qualified respondents included women 35 to 69 years of age

DISCLOSURE: Dr. Weinkle is an advisory board member and speaker for Allergan, Bioform, Sanofi-Aventis, Galderma, OrthoNeutrogena, and Procter & Gamble; an advisory board member for Kythera and Stiefel; a stockholder in Derm Advance; and a consultant for Medicis. Dr. Lupo is an advisory board member and speaker for Allergan and Sanofi-Aventis; a speaker for Medicis and Johnson & Johnson; an investigator and trainer for Allergan; and has received educational grants from Medicis. Dr. Lupo is also a trainer for Sanofi-Aventis, Medicis, and Johnson & Johnson.

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considering MAT within the next two years. Annual household income was at least \$50,000. Data were collected from 383 women who were considering MAT (“MAT considerers”), 100 of whom had used an injectable product (“injectable users”), including injectable dermal fillers, collagen replacers, or muscle relaxants in the past two years. A subset of 64 of the injectable users group who had used an injectable dermal filler and/or injectable collagen replacer in the past two years (“filler users”) was also identified.

A maximum difference analysis method was used to determine the factors most important to respondents when considering whether to have an injectable MAT and in evaluating the safety and potential for side effects associated with these treatments. This analysis requires respondents to make a more critical assessment of product features than traditional preference measures. Rather than seeing all of the choices at once, respondents viewed four at a time based on a Latin square (balanced order and pairing) design, and were asked to choose the most important and least important factor among those shown. In this method, each attribute is shown and reacted to several times, which provides a more robust evaluation than a one-time assessment. Analysis for each attribute is then summarized into one measure and expressed as an average probability of choice relative to the other attributes included. Respondents did not answer all questions; only the responses received were analyzed, resulting in different datasets for each figure and table.

Demographic characteristics of the women included in the survey are shown in Table 1. These characteristics were similar among the three groups of respondents (MAT considerers, injectable users, and filler users). The mean age in each group was 51 to 52 years. The women were predominantly Caucasian, employed, married, and had at least some college education. Figure 1 presents the relative importance of various decision drivers for women when selecting MAT, as determined by maximum differential analysis. Overall, there was little difference between the three groups of respondents. The most important factor in making the decision to undergo MAT for all groups was clearly the physician’s training and expertise with the treatment or procedure. Other key factors included the length of time results would last, overall cost of the procedure or treatment, how the product works, and a physician’s recommendation for the treatment or procedure. Factors such as the recommendation of family, friends, or coworkers and how quickly the results appear were only of minimal importance relative to the other factors considered.

In paired comparisons of factors involved in women’s treatment decisions (Figure 2), women were more interested in results that last a long time versus immediate results. In addition, when presented with a choice between two possible answers, the respondents expressed a preference for gradual results that last for two years versus immediate results that last for six months. This analysis also indicated that cost of treatment was of less concern to patients than having results that last a long time. In addition, when evaluating the safety/side effects of injectable

TABLE 1. Demographic characteristics of survey respondents*

	CONSIDERERS (n=300)	INJECTABLE USERS (n=100)	FILLER USERS (n=64)
Mean age, years	52	51	52
Employed, %	69	66	61
Married, %	77	76	73
Ethnicity, %			
White/Caucasian	91	90	92
African-American	4	3	2
Hispanic	1	4	5
Other	4	3	1
Education, %			
High school or less	9	12	11
Some college	35	29	25
College graduate	39	34	39
Postgraduate	17	25	25
Mean annual household income	\$100.4 K	\$109.6 K	\$111.6 K
US geographic region, %			
East	16	23	27
Midwest	21	18	17
South	39	29	31
Mountain/Pacific	24	30	25

*100% female, 35 to 69 years of age, with an annual household income of at least \$50,000 per study inclusion criteria

treatments, the key factors for women were as follows: 1) the amount of experience of the physician injector with the treatment (ranked in the top 3 choices for 80–85% of women across respondent groups); 2) the amount of training the physician injector has had with the treatment (ranked in the top 3 by 69–77% of women); and 3) the medical specialty of the physician injector (ranked in the top 3 by 60–64% of women).

The level of importance patients place on physician training and experience, as indicated in this survey, highlights the need for physicians to communicate their training and experience to their patients. Overall, this

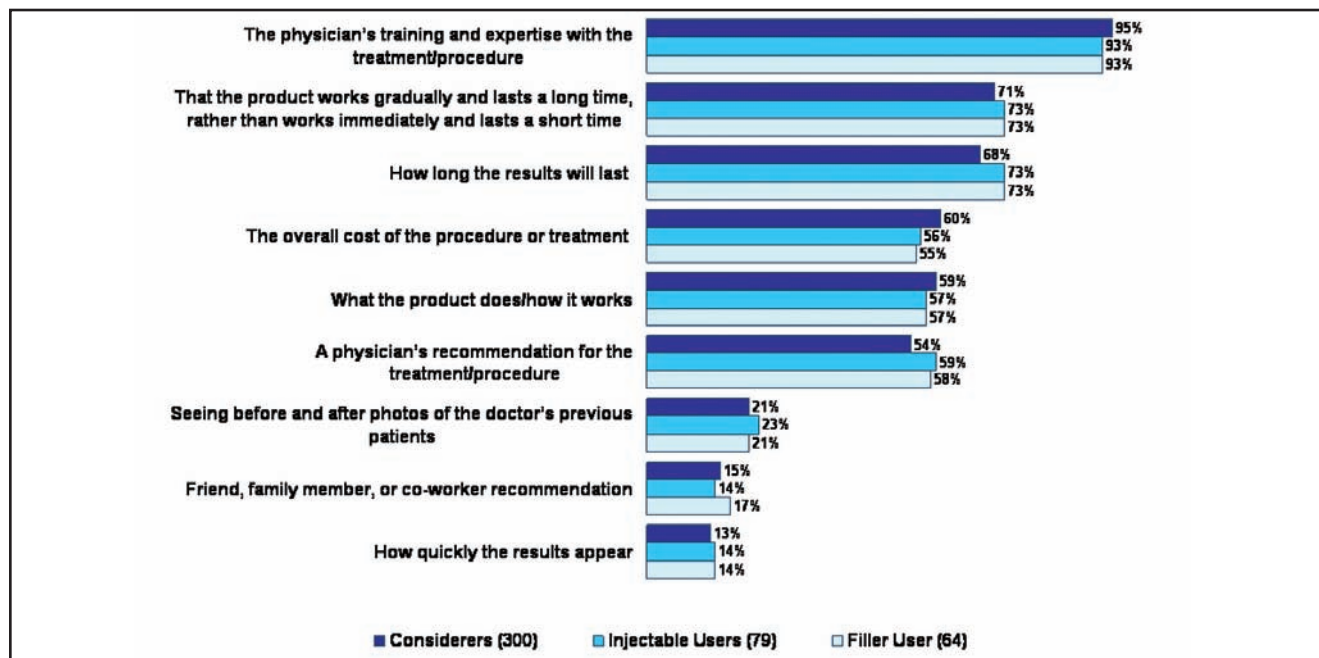


Figure 1. Factors affecting women's decisions in selecting medical antiaging therapies, as assessed through maximum differential analysis.*

*Responses were not obtained from all participants for all questions; therefore, the numbers analyzed vary in each figure and table.

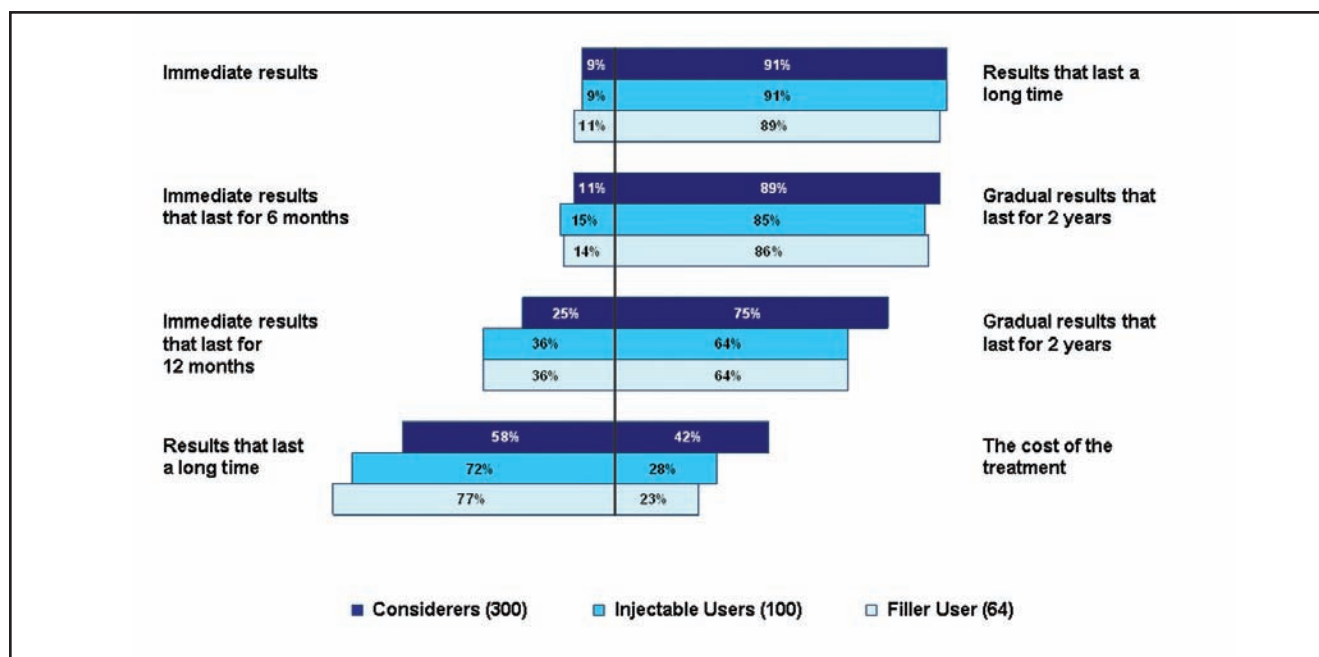


Figure 2. Paired comparison analysis of factors impacting women's medical antiaging treatment decisions.*

*Responses were not obtained from all participants for all questions; therefore, the numbers analyzed vary in each figure and table.

finding suggests that patients wish to become informed consumers. This is in line with ASDS public education initiatives (<http://www.asds.net/about.aspx>, accessed on September 7, 2009) to ensure that antiaging treatments are approached as medical procedures and that patients seek out qualified and properly trained practitioners to ensure safe and optimal outcomes. Patients placed particular importance on achieving gradual and long-lasting rather

than immediate results. This also has implications for physicians regarding patient education and counseling. It emphasizes the need for physicians to carefully assess individual patient goals and expectations prior to initiating therapy in order to identify and recommend the appropriate products or treatments to match the goals of each patient.

Additional findings of interest from this survey include the high awareness of most of the available procedures specified

in the survey (ranging from 60–89% of respondents) among women considering MAT, relative to the proportion of women who actually use these therapies. Thus, we may be treating only a small percentage of patients who may be interested in MAT, although it is not known to what extent the respondents to this survey would be prepared to discuss MAT with their physician. Given the attention paid to antiaging in the mass media,⁷ the disparity between awareness of MAT and actual usage may arise from many sources that include pressure from family and friends, but this survey's findings hint at some specific potential barriers for patients considering MAT. For example, fear of pain from the injections may be an especially important factor for women who have not yet experienced this type of treatment. In the survey, 45 percent of women considering MAT in the future perceived injectable treatments to be painful, whereas only 27 percent of previous filler users and 31 percent of previous injectable users considered them painful. Both new and existing patients may also be afraid of looking as though they had work done, although only 16 and 13 percent of previous injectable and filler users, respectively, considered that the procedures provide a look that is unnatural.

Finally, economic factors can become a barrier for patients contemplating MAT. In the current survey, 59 percent of those considering MAT reported that the state of the economy impacted their decision to pursue treatment. For some patients, economic uncertainty or financial constraints may result in postponing or forgoing this type of treatment. On the other hand, a desire to remain active in the workforce longer before retirement⁸—especially in difficult economic times—may actually increase the perceived need for cosmetic procedures to help maintain more youthful facial features.

A major limitation of the current study is the lack of information on the current severity of the wrinkle deformity and the perceived level of need; this would assist in further understanding the size of the population who might follow through on their consideration of MAT. Other limitations include the relatively small number of participants interviewed, as well as the inclusion of women only. Although differences in social attitudes between male and female aging are beyond the scope of this study, it would be interesting to investigate which factors men would consider in pursuing MAT. In this survey there was no attempt at demographic analysis; thus, the results cannot be extrapolated to patient populations from individual practices. Further research into the attitudes of patients

attending different types of practices (e.g., plastic surgery, dermatology, mixed) is warranted. Nevertheless, the current survey provides useful initial insights for practitioners regarding the perspectives and attitudes of women considering MAT, thus potentially assisting the practitioner in better serving the needs of these prospective patients.

In conclusion, the level of experience and training of the physician is very important to patients who are considering MAT. Physicians should emphasize these aspects when counseling prospective patients regarding such treatments. Further study is needed to address the many questions that arise from this survey.

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